

# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

<b>Application Number</b>	10/804,857
<b>Filing Date</b>	March 19, 2004
<b>First Named Inventor</b>	Parivash, Jamshid
<b>Title</b>	Integrated Detachable PDA,.....
<b>Art Unit</b>	2617
<b>Examiner Name</b>	Rampuria, Sharad K.
<b>Attorney Docket Number</b>	88094.2

I hereby appoint:

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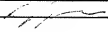
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

## **SIGNATURE of Applicant or Assignee of Record**

<b>Signature</b>		<b>Date</b> 3/16/04
<b>Name</b>	Jamshid Parivash	<b>Telephone</b> 408-438-1200
<b>Title and Company</b>	Jamshid Parivash	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.\*

☐ \*Total of \_\_\_\_\_ forms are submitted.

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